ICSSR PFMS Scheme
Registration Mandate Form

PFMS Unique ID	
Name of the Institution	
Address State District	
Pin Code	
Contact Person	
Designation	
Phone No. (with STD Code)	
Mobile No.	
Email Address	
Name of Bank	
Account No.	
Account No.	
Branch Details	
Agency Name in Bank	

Dated:_____ Signature_____

(of Authorized person with seal)

NOTE: (If the affiliating institution is already receiving ICSSR grants in a PFMS linked account then there is no need to send this Form).